BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001								33030 WAB					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TO	OTAL CLAIMS		(Ooldinin 1)		· Column 2)					OR 7		ENTITY	
FOR) / / / / / / / / / / / / / / / / / / /					TE	FEE	-	RATE	FEE	
			NUMBER FILED		NUMBER EXTRA		BASI		370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			52 minus 20=		* 32		X\$	9=		OR	X\$18=	576	
INDEPENDENT CLAIMS			minus 3 =		3		X4	2=		OR	X84=	252	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					0=		OR.	+280=		
* (f	the difference	in column 1 is	ess than zero, enter "0" in column 2			TO	AL		OR	TOTAL	15/8		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)		(Colur		(Column 3)	SMA	\LL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 52	Minus	** =	32	2 =		9=		OR	X\$18=		
	Independent			<u>ي</u>	=	X42	?=		OR	X84=			
terates trayed an	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=		OR	+280=		
								TAL		OR	TOTAL ADDIT. FEE		
		ABOIT.											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***	CLAINA	CLAIM [=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+280=		
							TC ADDIT.	TAL FEE	and the second second	OR	TOTAL ADDIT. FEE		
		(Column 1)	P	(Colun		(Column 3)							
AMENDMENT C	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	RAT	Е	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***	· <u>-</u>	=	X42	=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=			i i		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								The state of the s	OR	+280= TOTAL	and the second s	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													